If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	distance of the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(\$2-a)
county montgomery	Registration Dist. No. 916
Village or City Bertras das, His.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	mosds. How long in U.S.if of foreign birth?yrs,mosds
2. FULL NAME Tas W	ofer
(a) Residence: No. Ulto Vista	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	Il nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
F W. OR DIVORCED (write the	word) (Month) (Day) , 193 3 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bolley	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month day, and year) an 12-186	7   I last saw have elive on way 19 32; death is self
7. AGE Years Months Days If LES	
65 / 6 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	min. Data of one of
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Constral Itemarkhan
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and	and artinocherosis &
10. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Josephillo (State or country)	Other Contributary Causes of importance:
13. NAME William Walter	
13. NAME William Walter  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
E 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Surah A. Rogel (Address)	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAY Place Washington Deate 7-12-	Manner of injury
19. UNDERTAKER martin W Hypong (Address) 200-91.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July \$5, 1932 Decije Pern	(Signed) Seen C. Corry M. E. (Address) C. H. Por C. S. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago 1915 Arteriosclerosis Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis May 1,1923 1 yeur Gallstones

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

		#
	AINLY	nforma
	F	of
	WRITE FLAINLY	N.B. Every Item of Informatic
V. 5. No. 1	(	N.B.

Village or City Brokerille (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 1 7
2 FULL NAME Mary Louise Bro	St: Ward) a hospital or Institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOOMED: OR DIVORCED (Write the word)	16 DATE OF DEATH    1982   (Month) (Day) (Year)
6 DATE OF BIRTH  October (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from July 20 1932 to July 21 , 1832 to July 20 , 1932
7 AGE    If LESS than   I day hrs.   Z ds.   or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	(Duration)  Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Address)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Percy Broden  (Address) Broder Standards  Filed July 27 1987 C. Samolag  Registrary	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  Rof W Barber Pathersbur
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. er," etc., without more process or all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer refor many occupations a single word or term on or At Home, and children, not gainfully emyrs). Compositor, Architect, For persons who have no occupation Locomotive engineer, But in many

ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronehopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Whooping cough; Chronic Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertament as .... diseases resulting from childbirth or miscarriage as earbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Always qualify all

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

1332

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial ncphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

stated EXACTLY. PHYSICIANS snound stated EXACTLY Exact statement of OCCUPA-ECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(99)
County Mulgomery	Registration Dist. No. 2/3
Village or City Dernectotin	NA 1.0 # 3 Garthersburg St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. Yow long in U.S. if of foreign birth?mosds.
2. FULL NAME Marcha Eliza, O	Butto
(a) Residence: No. Jurilo (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thurse 4. eq. or RACE or DIVORCED (write the word)	21. DATE OF DEATH (Day), 193 7 (Year)
5a. If married, widowed, and divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	Jene > 5 132, 10 July 11, 1832
6. DATE OF BIRTH (month, day, end year) Sec. 12": 1847	I last saw h elive on, 19.3 2 ; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
0 1 9 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	milweus 1 Vollerior Wind willing 16/23/3;
9 Andustry or business In which	(Internal operation General) 1910
9 Industry or business In which work wes done, es SILK MILL, Kubuz Hour in Humm	Ciplie Gowel 1875
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spent in this occupation.	
monte on marchael	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) 19444 1. (State or country)	
# 13. NAME Wasser Kerley	
13. NAME Marrie Herries  14. BIRTHPLACE (city or town) - Monty - Ces Mds	Name of operation Dete of
(Stete or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Elystet Commell	23. If death was due to externel causes (VIOL ENCE) fill in also the [ollowing:
15. MAIDEN NAME Wycleth Comill  16. BIRTHPLACE (city or town) Ming - Ped	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Was John. Buts.  (Address) R. J. M. H. & Galberton Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL . Roduille	Manner of injury
Place how Centary Date July 13 , 1937	
19. UNDERTAKER Reuber Paughery (Address) RASA - 101 2012	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Jacky 24 21932 Min D. Soyuse '4.	(Signed) William D. Arrigge M. D. (Address) Dansonille Wo
V /	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Perulonitis	
		Land to the second seco	
Other contributory causes of importance:	10.11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	Registration Dist. No. 211
Ale	
death occurred in a hospital or institu	St., Ward
	of foreign birth?yrsmos ds
	i ioreign bittit: yi3 inos us
Star II	
Ward.	If nonresident give city or town and State
	ERTIFICATE OF DEATH
21. DATE OF DEATH	7
- July	(Month) 28 (Day) (Year)
1	(Month) 20 (Day) (real)
22. HEREBY	CERTIFY. That I attanded daceased from
	19 10 19
	0 0 1
I last saw haba ov	1 1 12 1 - 20 19 Cathath is said
to have occurred on the date thate	Datoye, av W. W. H. H.
The PRINCE ALL LAUSE OF DEAT	and related causes of Importance
were as follows	Date of onset
Ser -	- A
Myocar	ales
Other Contributory Causes of Impo	irtance:
acule	Lugollskog
Name of operation	
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external cau	uses (VIDLENCE) fill in also the following:
Accident, suicide, or homicide?	Data of injury, 19
Where did injury occur?	
	(Specify city or town, county and State)
Specify whether Injury occurred in	n INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury	
Natura of injury	
24. Was disease or injury in any w	yay related to occupation of deceased?
If so, specify	1/4
(Signed)	Jonau MI

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ALIC A 1202	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RTPLUVE.	July 5,1927	Peritonitis	3 days ago
0.1	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Awallone	CERTIFICATE OF DEATH
,1 8	Registration Dist. No. 2/3
Village or City Holk isel (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Clagett	a hospital or institu- tion, give its NAME i, - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
$\frac{7}{\text{(Month)}} \frac{Q}{\text{(Day)}} \frac{1}{\text{(Year)}}$	that I last saw h alive of 192 ,
7 AGE	
I dayhrs.	and that death occurred on the date stated above, at
yrs, mos. ds. or min.?	
OCCUPATION	7 mos. 1
(a) Trade, profession or particular kind of work	***************************************
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country)	
10 NAME OF	( ) S ( Mar. Mr)
FATHER Museum	(Signed) M. D.
M 11 BIRTHPLACE	192 (Address) January
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Comme OlagaM	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) amie Olazel	Former or usual residence
(momant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Justinia	Halpine - al-home 7-7, 132
15 Filed 7 - Le 19832 Mis. W.J. Pract Registras	W. Chagett ( Grand faction Rickville 19.
If more hanks are needed addre situate begistrar	16 W. Sarataga St., Balto., Requesting V. S. No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screqui, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed Civil engineer, For many occupations a single word or term on yrs). For persons who have no occupation who are engaged in the duties of the Stationary fireman, etc. But in many Locomotive engineer,

s. inal meningitis"); Dinhtheria (avoid use of "Croup"); to time and causation), using always the same accept-ed term for the same dise.se. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pispneumonia, Bronchopaeumonia ("Pneumonia,

> approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marusunus,
> "Uracmia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(secondary or Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the dyna is essential and must be obtained before the certificate is

permanently filed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH infor 1. PLACE OF DEATH noulamer Registration Dist. No. pluoda County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? ... yrs. ...... mos. ... S Length of residence in city or town where death occurred statement PHYSICIAN RECORD. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 3. SEX (Day) BINDING 5a. If married, widowed, or divorced ERTIFY, That I attended deceased HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Mentils Days proper 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ....min. were as follows Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER RESERVED of SAWYER, BDDKKEEPER, etc back 9. Industry or business in which may pluods work wes done, es SILK MILL, SAW MILL, BANK, etc ... 11. Total time (yeers) spent in this .1D. Oate deceased last worked at this occupation (month and une occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town MARGIN (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis Lead Lane. Wes there en autopsy carefully MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following: important. 15. MAIDEN NAME Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city er town). (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should OFED 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE mation Nature of Injury LION 24. Wes disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER If so, specify (Address) No. 20. FILED-If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Addrass)

Registrar.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis P	3 days ago
		GELVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
----------	-------	-----------------	----	-------

17860

1. PLACE OF	DEATH		(182)	0.00
County	montgo	nery Comity	Registration Di	st. No. 2/3
Village or City_	Widem	tof, med min by	death occurred in a horpital or institution, give its NAME	St., Ward
Length of residence	ce in city or town where	death occurredyrs,mos	ds. How long in U.S. if of foreign birth?	yrsds.
2. FULL NAME	Mayor	would a Crawle	lall	
(a) Residence:	No. 2509 4	Cusual place of abode)	St., Ward. Washing	ve city or town and State
PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX Male 4.	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH	25 , 193 2- (Day) (Year)
5a. If married, widowed, of HUSBAND of (or) WIFE of		. Hean	22. 1 HEREBY CERTIFY	Viend toda
6. DATE OF BIRTH (mor	nth, day, and year)	me 27 1895	(Jest caw h slive on	10 ; death is seld
7. AGE J7 Years	Months	Oays tf LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at.  The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance
8. Trade, profession kind of work SAWYER, BO	done, as SPINNER, OKKEEPER, etc	Meshinier	accidental dron	nng
SAW MILL, B	ne, as SILK MILL, BANK, etc	not amploped		7
10. Date deceased la this occupation year)	ast worked at on (month and 19)	11. Total time (years) spent in this occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or (State or country)	town)Ma	respond	Buthons in Con	ral near
13. NAME 14. BIRTHPLACE (cit	Martin a	Crandell	telien Catingolo 1	and Brus Falls,
14. BIRTHPLACE (cit		rongland	Name of operation	Date of
15. MAIDEN NAME  16. BIRTHPLACE (cit	Sarah	E. Catterton	23. If death was due to external causes (VIOL ENCE) fill	
16. BIRTHPLACE (cit		Mayland	Accident, suicide, or homicide? Accident De De Where did injury occur?	Wirkenster Md.
17. INFORMANT	me Ca Ca	andre (mother)	Specify whether injury occurred in INOUSTRY, In HOM	ewn, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION		Oate 1/29 ,1932	Manner of injury In teathing  Nature of tnjury Drowning	
19. UNDERTAKER ZU	arner E	Rumphrey	24. Was disease or injury in any way related to occupat	ion of deceased? Po
20. FILED 7/29	1932 m	us. W. T. Proll	If so, specify (Signed)	nis M.D.
		Registrar.	(Address)	ally Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory cause of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago
		балгаач	
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 yeur

V. S. No. 1

Registrar.

193 2

(Year)

Date of onset

Was there an autopsy?\_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	. Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis : CENT & M.	3 days ago
N. 46			17
		ICEASTO .	
Other contributory causes of importance:		Other contributory causes of importance:	and the same of th
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED FOR

S. No. 1

	PLACE OF DEATH	
	County Mont of onceres	
		1
Vil	age or City Silver Spring (No. Maps	4
	4.000	
-	2FULL NAME Janel Xulus	*****
	PERSONAL AND STATISTICAL PARTICULARS	
3 8	EX 4 COLOR OR RACE 5 SINGLE. WALLEY	16
1	vale While WIDOWED. OR DIVORCED ? (Write the word).	)
6 1	ATE OF BIRTH	5
	unleavery 1859	0
	(Month) (Day) (Yeaf)	th
7 A	is allow that	an
	73 yrs. mos. ds. or min.?	Tŀ
80	CCUPATION	
P	Trade, profession or Hotel Clash	
(t	General nature of industry	Po oo o
	nich employed or (employer)	****
9 B	RTHPLACE (State or country)	
1	10 NAME OF	10.
	•	(Si
TS	II BIRTHPLACE OF FATHER	7
ARENTS	(State or country)	
PAR		18
~	13 BIRTHPLACE	At
-	(State or Country)	of
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	wl if
		For
		19
	(Address) Selvis Shang Cud	1
15	iled 14 198 2 J. E. Budding B	20
-	If more branks are needed, address State Registrar,	16

STATE OF MARYLAND CERTIFICATE OF DEATH

1	Registration Dist. No. 2/4
2	(If death occurred in a hospital or institu- tion, give Its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
כל	16 DATE OF DEATH LESS 14 1932
	(Month) (Year) (Year) I HEREBY CERTIFY, That Lastended the deceased from
7	June 30 1982 19 July 14 , 1982
n	and that death occurred on the date stated above, at 3 fr. m.
s.	The CAUSE OF DEATH * was as follows:
	Emaine Interstition haplistics
	Contributory My veredeles
	Secondary (Dyration) Language de
	(Sigged) Tichard De Thingle and M. D.
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place / U. In the
	of death yrs mos. ds. State yrs mos ds.
-	Where was disease contracted, Washington, O.C.
-	Where was disease contracted. // A T 1)

W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day loborer, Form laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, periionaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvulor heart disease, Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0	78	63	

(93-6)	
Registration Dist. No. 217	
No. Montage of institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?	
Main	
n St. W Ward. W as how ton DC.  If nonresident giverity or town and State	
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH  (Month)  (Year)	
22. I HEREBY CERTIFY, Thet I attended deceased from	
lest saw hem elive on July 24 193 V; death is said	
to have occurred on the dete stated above, et	
The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
were as follows:  [ Drong Che! Procure on bulk 20/3:	2
Other Coutributory Causes of importence:	
Ymy o cardetes , chronics. Our & R.	
Direction: several months	
Name of operation	
What test confirmed diagnosis? Was there an autopsy?	
23. If deeth was due to externel causes (VIOLENCE) fill in also the following:	
Accident, suicide, or homicide?	
Where did injury occur?	
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
Manner of Injury	
7	
24. Was disease or injury in any wey releted to occupetion of deceased?	
(Signed) M. O.	
(Address) Classeprille m	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURLAU T. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z

should state cem of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

80	-	100	0	6
U	4	0	0	4

1. PLACE OF DEATH		82-4)		
County	onlyonery	03.0	Registration Dist. No. 2	-14
Village or City Faulo		No.  If death occurred in a hospital or institut  S. 17. ds. How long in U.S. If of	St., ion, give its NAME instead of street	
2. FULL NAME GEOR	eig Davis	1		
(a) Residence: No. 7 al	CUsual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CE	ERTIFICATE OF DEAT	
Jemale 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH	July 26 (Month)	, 193. Z
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Lot Hew	y Davis		CERTIFY, That I attem 1932, to July 2	nded dacaased from
6. DATE OF BIRTH (month, day, and year)	11/2/1873	last saw h. alive on S	1 /10/	3.2: daath is said
7. AGE Years Mont 5 9 6		to have occurred on the dete stated The PRINCIPAL CAUSE OF DEATH ware as follows:	d above, at 4:45 Rm.	
8. Trade, profassion, or particular kind of work dona, as SPINNE		1010 03 10110113 .		Date of onset
SAWYER, BOOKKEEPER, etc.	" Comestie	Hemiplegs	va.	6.11.3
kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, es SILK MILL, SAW MILL, BANK, etc 10. Data deceased last workad at	Private Home			
10. Data deceased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this 45?			
12. BIRTHPLACE (city or town) (State or country)	Dayton Co. md.	Other Contributory Causes of Impor	rtanca:	
13. NAME Richard	Davis			
14. BIRTHPLACE (city or town)	t-/	Name of operation	Date	of
(State of country)	toward of ma,	What test confirmed diagnosis?	Was there	an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	are monas	23. If daath was dua to external caus		
O 16. BIRTHPLACE (city or town)	toward Co. nd.	Accident, suicide, or homicide? Where did Injury occur?_<	Date of Injury	
17. INFORMANT Howard (Addrass) Fairlan	Davis L'ma,	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAS	m D. C / 1/29, 1932	Menner of injury		
19. UNDERTAKED (Address) 1443 2	elet frens	24. Was disease or injury in any wa	y releted to occupation of dacaased	no
20. FILED 7/26 , 1937	Ralphifus	(Signed)	by Jowel	M. D.
,	Registrar.	(Address)	reason M	Q.c.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ē Î	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- 12
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrat If more blanks are needed, address State Registrer, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed).

Otatament of annuation. Dissipated toward of assumption is more important as that the valation healthfulness of
Statement of occupation Precise statement of occupation is very important, so that the relative healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-
ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be
returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife
in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages,
however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person
who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employer," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factors," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIA	N
--	----------	---

TH 07866
Dist. No. 22-3
instead of street and number)
yrsmosds.
Park M. L. give city or town and State OF DEATH
5 7
(Day) , 198 <u>2</u> (Yaar)
That I attended deceased from 1932 2
s of importance
6/28/32
1 monie 6/30/37
Date of

23. If death was due to extarnal causas (VIOL ENCE) fill in also the following:

(Specify city or town, county and State) Specify whethar injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE

24. Wes disease or injury in any wey related to occupation of deceased? . Y.C.

(Ardress) Takoma Park md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEA

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Microscopia	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RURDAU V.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		0.00 (0.00	Other contributory causes of importance:	and the same
		May 1,1923	Gastroenteritis	1 year
the state of the s				-59
				BORNEL HUS

	6:0	
1. PLACE OF DEATH	940	
County Montgomens	Registration Dist. No. 223	
Village or City Lakoma Wark	No. Washington Sanitarium tos sital Wal death occurred in a horpital prinsitivition, give its NAME instead of street and number)	rd
	d. ds. How long in U.S. if of foreign birth?yrsmosd	ds.
2. FULL NAME Ox. Janiel Folkmer		
(a) Residence: No. 10 3 rd (Usual place of abode)	St., S.E. Ward. Washington D.C.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowed Widowed	21. DATE OF DEATH  July 21 1/ (Pear)  (Year)	
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of Corp. Cudda dae K. Folkmer  6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than 1 day,	22. I HEREBY CERTIFY, That i attended deceased from 210 the 1932, to July 20, 1932  Just saw ham alive on July 210, 1932; dasth is set to have occurred on the date stated above, at 1248 ft. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	2
10 2 21 ormin.	were as follows:	et
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaasad last workad at this occupation (month and 19) spent in this occupation day year)	angina Pictoris July!	8-14
12. BIRTHPLACE (city or town) Wiscas Cay Six	Other Contributory Causes of importance:	
13. NAME My . Wichael tolkmer  14. BIRTHPLACE (city or town) Johns Yown  (State or country)  Pennsyl Doma	Name of operation Clare of Date of Date of What test confirmed diagnosis? ** Cuntinally Was there an aulopsy? **!	ee
15. MAIDEN NAME Miss Kachael anderson  16. BIRTHPLACE (city or town) Lasse Dangen  (State or country) Norway  17. INFORMANT Washington Santarium Records  (Addrass) Tallanda Park Md	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	•••
18. BURIAL, CREMATION, OR REMOVAL  Placa Wash. Dote July 21, 1932	indicate of injury.	
19. UNDERTAKER (Address) 7 2 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. Was disaase or injury in any way related to occupation of daceasad? NO	
20. FILED July 21, 19.32, 86, 6- Registrar	(Signad). Majeli aux. Takone P.	.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH JO County Registration Dist. No. Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. RECORD. Every 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DATORCED (agrite the word) Month) (Day) BINDING classified 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate 7. AGE Yeers Months Deys If LESS than to have occurred on the date stated above. 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or .... min. were as follows: Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER. MARGIN RESERVED Jo SAWYER, BOOKKEEPER, etc ... may back ndustry or business in which should OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc.... on 10. Date deceesed last worked at 11. Total time (yeers)
spent in this this occupation (month and that occupetion \_\_ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain Name of operation. (Stete or country) carefully What test confirmed diegnosis?\_ HER important. 15. MAIDEN NAME in 23. If death was due to external causes (VtOLENCE) fill in also the following: MOT Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE should OF (Address) 212 18. BURTAL, CREMATION, OR REMOVA Manner of Injury AUSE \_ Date Nature of Injury 19. UNDERTAKER 24. Was diseese or Injury in eny way retated to occupation of deceased? (Address) If so, specify (Signed) Registra If more blanks are needed, address State North sear, 2411 N. Charles Street, Baltimore, Requesting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arterioselerosis	1915	Attack of epilepsy	BUREAU V. D.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	VIIC 8 TRUS	3 days ago
			RECEIVED	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

07869

1. PLACE 0	OF DEATH					
County	County Montgomery			Registration Dist. No.	217	
Village or City Olney, Maryland		The Montg. Co. General Hospital				
(If				If death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of re	sidence in cify or town where	death occurred	yrsmos	7 ds. How long in U.S. if of foreign birth?yrsr	nos ds.	
2. FULL NA						
(a) Reside	nce: No. Gaithers	Bburg, Ma (Usual place		St., Ward.  ff nonresident give city or town an	d State	
PERSO	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX female	OP DIVORCED (questa the word)		21. DATE OF DEATH July 11 (Month) (Day)	, 193 2 (Year)		
5a. If married, wido HUSBAND of	wad, or divorced					
(or) WIFE of		37111	LEL ST	July 3, 19 32, to July 11,	d daceased from	
6. DATE OF BIRTH	(month, day, and yaer)	et. 20,	1913		2; death is said	
	eers Months	Days	If LESS than	to have occurred on the date stated above, et 1: 45 Pm.		
19	8	22	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca ware as follows:	Data of onset	
Z 8. Trade, prof	assion, or particular work done, es SPINNER, C			Secondary hemorrhage	444	
Z SAWIE	N, DOUNNEEPEN, GIC	Commiss	ionova			
Mork w	as done, as SILK MILL.	office	Touers			
SAW M	ised last worked at	1	time (years)	-		
O this occ year)	upetion (month and 19:	en:	ent in this			
	C1. 4- (		ntg. Co.	Other Centributery Causes of importance:		
12. BIRTHPLACE (d (State or co			Tropo Mas	Rupture of left kidney due to		
€ 13. NAME	Stanley D. Ga	aither		injury.		
13. NAME			Montg. Co.	Name of operation Laparotomy Date of	7-3-82	
(Stete	or country) Mary			What tast confirmed diagnosis? Was there an	autoney?	
15. MAIDEN N	AME Elizabeth F	Ridgley		23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN N	CE (city or town) Mount	Zion, How	ard Co.	Accident, suicide, or homicide? Accident Date of Injury 7-3		
Stata	or country) Marylan	nd		Where did injury occur? Gaithersburg, Montg. C	o. Md.	
	Hospital recor	rds		(Specify city or town, county and St Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC P	atc)	
17. INFORMANT (Address)  18. BURIAL, CRENATION, AD REMOVAL PICE LAURANIA DELECTION DEL				Home		
			4. 13, 1932	Manner of injury Fell & Struck left lumbar Nature of injury Rupture of kidney (left)	region	
	Hopaga (h)	Home	Essel	24. Was disease or injury in eny way related to occupation of dacaasad?	N a	
19. UNDERTAKER (Address)	Dacks	The	1	If so, specify	v 0	
4.0	32 01	2/2/100	· la	(Signad)		
20. FILED	7100, 19000	5 (00000	Registrar.	(Address) Sandy Spring, Maryland		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state OCCUPA

should

S

CAUSE LION

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_\_\_ How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos, \_\_\_\_ds. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY, That I attended, deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the date stated above, at Years Months If LESS than Days I day .....hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence or .... min. were es follows: Date of paset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked et this occupation (month and 11. Total time (years) spent in this occupation ..... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Lectural MOTHER 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Date of Injury \_\_\_\_\_ 19 16. BIRTHPLACE (city or tow (State or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOV Manner of injury Nature of Injury 24. Was disease or Injury in any way related to occupetion of deceased? 19. UNDERTAKER If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		113
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

PLACE OF DEATH\_

Vil	9/2 Carall au 9/2 Carall au 9/2 Carall au 9/2 Carall au 9/2 (No. 4 9/2 Carall au 9/2 (No. 4 9/2 Carall au 9/2 Cara	Registration Dist. No. 22 3
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Married Widoweb.  White Write the word)	16 DATE OF DEATH July 13 , 1932
6 C	August 21 , 1.866 (Month) (Year)	Han 31 1932 to July 1 3
7 A	AGE    If LESS than   1 day   hrs   65   yrs.   10   mos.   23   ds.   or   min.;	The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or	rume prising due
Jb.	Darticular kind of work Retired  (b) General nature of industry pusiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Prock pressure resulting in hydroness reason of Duration: 2 years (Duration)  High Good prostreet (Duration)  Contributory  Secondary  Outarion of Duration)  (Duration)  Transmission
Jb.	b) General nature of industry ousiness, or establishment in which employed or (employer)	Duration: 2 years  (Duration)  First bood prosess  (Duration)  Secondary  Outsilon  (Duration)  First bood prosess  (Duration)  First mos  (Signed)  (Duration)  (Duration)  (Signed)
P (lb)	b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Ohio  10 NAME OF FATHER ROBERT Geddes  11 BIRTHPLACE OF FATHER (State or country) Scotland	Duration: 2 years  (Duration)  Wish Good problems  Contributory  Secondary  Attanic actanosis;  (Duration)  Typefless  (Signed)  (Signed)  (State the Disease Causing Death, or, In deaths fro  Violent Causes, state (1) Means of Injury and (2) Wheth
TS (lb)	b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Ohio  10 NAME OF FATHER ROBERT Geddes  11 BIRTHPLACE OF FATHER	Auration: 2 years  (Duration)  Wish Good problems  Contributory Secondary  Attanio actarosis  (Duration)  Type (Signed)  (Signed)  (Signed)  State the Disease Causing Death, or, in deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, T
RENTS 6	b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Ohio  10 NAME OF FATHER ROBERT Geddes  11 BIRTHPLACE OF FATHER (State or country)  Scotland  12 MAIDEN NAME	State the Disease Causing Death, or, In deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)  At place of death yis mos. ds.
PARENTS	b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Ohio  10 NAME OF FATHER ROBERT GEDERS  11 BIRTHPLACE OF FATHER (State or country)  Scotland  12 MAIDEN NAME OF MOTHER Elizabeth McGill  13 BIRTHPLACE OF MOTHER (State or Country)  Scotland  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	State the Disease Causing Death, or, In deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)  At place  In the
PARENTS	b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Ohio  10 NAME OF FATHER ROBERT Geddes  11 BIRTHPLACE OF FATHER (State or country)  Scotland  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  Scotland  13 BIRTHPLACE OF MOTHER (State or Country)  Scotland	State the Disease Causing Death, or, In deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)  At place of death yrs mos. ds. State yrs mes.  Where was disease contracted, if not at place of death?  Former or usual residence.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* en at home, who are engaged in the duties of the loborer, Never return "Laborer," "Foreman," "Manager," "Deal worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Plonter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation Stotionary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetales) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping American Medical Association.) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic ctc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

V. S. No. 1

SIAIL	OI WAIL	ILAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	21-7		93-6
County	ruly.		Registration Dist. No.
Village or City	rithus	X //./	No. St., Wa    Was   Was
Length of residence in city or town who	ere death occurred	yrsmos	S
2. FULL NAME	ary u	luci	me or joe
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  A. COLOR OR RACE  MLT,	OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 3 193 Z (Year) (Year)
5a. If married, widowed, or divorced			
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY That I ettended deceased fr
A DARR OF DIRECT AND ALL AND A	mar. 17	- 1834	1 last saw h - Chalive on Jack 31 1932; death is s
6. DATE OF BIRTH (month, day, and year) / 7. AGE Yeers Months		If LESS than	to heve occurred on the dete stated above, et & P. m.
98 4	13	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
	7 4	ormin.	were as follows:
8. Treda, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	Pulire	d	
9. Industry or business in which			chronic Marocardely 1022
work wes dona, as SILK MILL, SAW MILL, BANK, etc.			
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti	ime (yaers) nt in this	
yeer)	OCCU	pation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	20-1		Other Contributory Casses of Importance.
(State or country)	ma.	1	
13. NAME Samue	el os.	logd	
13. NAME ANNUAL 14. BIRTHPLACE (city or town)	20.1		Neme of operation Date of
(State or country)	ma.		Whet test confirmed diegnosis? Wes thara en eutopsy? T
15. MAIDEN NAME CUM	e 03. Sc	ranley	23. If daath wes due to externel ceuses (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME CUMN  16. BIRTHPLACE (city or town)	- · · /		Accident, suicide, or homicida? Dete of injury19
Stete or country)	me.		Where did injury occur?
mrs 71	comas -	Glayd	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address)	aulus	bourg 2	
18. BURIAL, CREMATION, OF REMOVAL	13	11-	Manner of injury
Place Clopeper	- Dete Clu	9 25 1937	Nature of injury
916	gastal	21	24. Was disease or injury in any way/related to occupetion of deceased?
19. UNDERTAKER (Address)	hust	u s	
División de la companya del companya de la companya del companya de la companya d	12/1/10	141.	If so, specify (Signed Stanley To Battlet
20. FILED (1932 / 1932 / 1	ucua was	Registrar.	(Address) Daithirating, Ind.
16.	nore blanks are needed a		

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH 078	173
1. PLACE OF DEATH		210-9.	
Village or City Mu mil Wil	Robertly	Registration Dist. No. 2/	Wa
2. FULL NAME  (a) Residence: No.	V. Dord	f death occurred in a hospital or institution, give its NAME instead of street and is. ds. How long in U.S. if of foreign birth? m  SCA 19 Ward.  If nonresident give city or town and	2/a
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED, LYORCED (write the word)	21. DATE OF DEATH (Oey)	, 193 (Year)
HUSBAND of Cor) WIFE of	(3)	22. J. HEREBY CERTIFY, That I STATED	719
6. DATE OF BIRTH (month, dey, and year) May	10,1886.	Had saw handlive on 19	T; death is a
46 2- 3	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of one
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	very	Space Commend	
12. BIRTHPLACE (city or town)	1. Total time (years) spent in this occupetion	Other Coutributory Causes of importance:	
(State or country)	Porel	Omkenm	
14. BIRTHPLACE (city or town) / / (State or country)	ini	Name of operation Oate of What test confirmed diagnosis? Wes there an	autoney?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Pettin	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
17. INFORMANT Was Dissie 3.	Bealing	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	(SIV) ACE.
18. BURIAL, CREMATION, OR REMOVALS  Place New Market Ugoate	7-3/ 1932	Manner of injury Alexa Created postarines of Nature of injury Contin Mand Created	mt.
19. UNOERTAKER Warner E. (Addiess) Richnela	Pumphre	24. Was disease or injury in any way related to occupation of deceased?	no
La sura 17-31 1032 mes	1 -1 /) //	7.4. 100- 0	19.23

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(	IT RECORD ated EXACTLY, PHYSI- operly classified. Exact certificate.	Village or City Takene (No. 25°	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2 4  Taken Ward  (If death occurred in hospital or institution, give its NAME in stead of street an number.)
R BINDING	Should be stated it may be prope	January 13 1871	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  17 I HEREBY CERTIFY, That I steended the deceased from 1932 to 1932 that I last saw h image alive on 1932
RESERVED FO	INKTHIS IS uily supplied A lain terms so t	8 OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry  (b) Using a control light ment in	and that death occured on the date stated above, at 10 a in The CAUSE OF DEATH * was as follows:
MARGIN	THUNFAI	(State or country) aurage Carmy Wa.  10 NAME OF FATHER Anchew: Hansley  11 BIRTHPLACE OF FATHER (State or country) Wa.  12 MAIDEN NAME OF MOTHER Agres Wiolet	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Sign
To a	WRITE PLAINLY  -Every item of inform CIANS should state statement of OCCUPA	13 EIRTHPLACE OF MOTHER (State or country)  14 THE ADOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Inf.:nant) I Char ? Huisley (Address) 2.5 Pahom ? Cool ? Africa Parks  15 Filed 7/8/32 192 Malfallellulus	At place of death yrs
S. S. N.	1. 200 5.	Registras	Heiers Sona les 86  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Nervant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Physician, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, Ferm laborer, Laborer-Coul mine, etc. (b) Colton mill; (a) Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The and children, not gainfully em-Salesman. (b) engineer. material (grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); tober pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid—probably suicide. icianus) may be stated under the head of "contributory "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary stated unless important. inges, perdonacum, etc., Carcinomu, Sarcomu, etc., of ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., separa, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train taken. Whooping (Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease The nature of the injury ctc. valuular heart disease; Always qualify all The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(540)
Village or City Oliver Maryland	No The Morty Co. General I Vorgetal Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital organization, give its NAME instead of street and number)  3. ds. How long in U.S. if of foreign birth?
2. FULL NAME Clifton Till	
	LSt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCEO (write the word)  Colored  Wildowed  The married widowed or divorced	21. DATE OF DEATH July 26 , 193.2 . (Yaer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tenknown	22. I HEREBY CERTIFY. That t attended deceased from July 16 1932 to July 26 1932
6. OATE OF BIRTH (month, day, and year) February 10, 1882 7. AGE Years Months Days It LESS than 1 day,hrs.	I last saw have alive on July 26, 1932; death is said to have occurred on the date stetre above, at 9:10 Fg.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decesed last worked et this occupation (month and year)	Meoplasm of caesum was lenign Cwap.  Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Sandy Spring (State or country) Montage Co. Maryland  13. NAME John E. Hill	flese To a moploson 3/25%
14. BIRTHPLACE (city or town) Sandy Spring , (State or country) monty Co. md	Name of operation Spanish Oate of 7/21/3
15. MAIDEN NAME Mary Cowell  16. BIRTHPLACE (city or town) Sauly Spring (Stata or country) Monty Co. Mary Caust.  17. INFORMANT Horpital records.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL Piece Showk of Md Oate 7/28 1932	Manner of injury
19. UNDERTAKER Warner & Fremphrey (Address) Roolemble Md Perfetting 20. FILED July 28, 1932 CS. Barnsley Registrat.	24. Was disease or injury in any way releted to occupation of deceesed?  If so, specify  (Signed)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 CEIVE	ED	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis   BUREAU	C 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year	
5,	112491,1000	·	1 year	

MANE	KACT	lassifie	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	stated E ?	AUSE OF DEATH in plain terms, so that it may be properly classifie	ION is very important. See instructions on back of certificate.
HIS	be ;	he 1	of c
	plno	may	hack
INE	E sh	it it	on
ING	AG	so tha	tions
NFAD	plied.	rms, s	instruc
H U	dns A	ain te	See
M	efull	in pl	ant.
NLY,	e car	ATH	nport
PLAI	pluc	F DE	ery in
TE 1	n she	E O	is v
WRI	ation	AVS	NOI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County KD Milgolinery	Registration Dist. No. 2/3
Village or City Roykwills	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Scorge M.	Stunder
(a) Residence: No. Pockwelle my	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DLYORCED (write the word)	21. DATE OF DEATH
Male thile married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. OHEREBY CERTIFY Thet t attended deceased from
(Or) WIFE of Hortress Dorsey Struel	22. HEREBY CERTIFY That t attended deceased from
04214 /18/8	I lest saw h star alive on 224 / 20 1932; death is said
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months 0 27 / 1 LESS than	to have occurred on the date stated above, at 5.30 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8. Trede, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cando The Muchall
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. Moulg. Co-National Bourg 10. Date deceased last worked at this occupation (month and	Telbring Prosent state
SAW MILL, BANK, etc. MILL, Moulg, Co- national Bany	and the state of t
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Mc	Other Countries of Thipproximes.
(State or country)	
# 13. NAME Stenry Key Annles	
13. NAME Stury Key Avules  14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Loucy Bibb	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME LOUCY Bibb	Accident, suicide, or homicide? Date of Injury, 19
₹ (State or country)	Where did injury occur?
17. INFORMANT Mrs. Geo. M. Highler O	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Ruekville Tind	
18. BURIAL, CREMATION OR REMOVAL . Com	Menner of injury
Place To Chville Muna Dete July 14932	Nature of injury
19, UNDERTAKER My Caybay Amybling	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Polkule mid	if so, specify
20. FILED 7/22 1932 ms. W. T. Prace	(Signed). Chu Land M.D. M.D.
20. FILED /22 , 1937 Registrar.	(Address)
If more blanks are needed address State Registrar	2477 N. Charles Street Ratimore Requesting T. S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	900
County Manshoomery -	Registration Dist. No. 2/4
Village or City Pletton Parks Selver	MAINH
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Johnson, Sharles G	elerst
(a) Residence: No. Luston / Art Sulver	Asking Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
monud	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY That Lattended deceased from
Mary C. Jones	O Comment of the comm
6. DATE OF BIRTH (month, day, and year) Port 2/6 1892	last saw h Am alive on 2014 12 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 19m.
39 8 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	ungvia Pillorio 10 day
9 Industry or business in which	
work was done, as SILK MILL. County Communion and	
10. Oate deceased last worked at this occupation (month and Annual Spant in this spant in this	7
year) occupation occupation	OH C AT A C
12. BIRTHPLACE (city or town) Minten Lan Pa	Other Contributory Causes of importance:
(State or country)	Price of stone Struck Line
13. NAME Johnson.	Lorhest Wesse
14. BIRTHPLACE (city or town) Unfinown.	Name to operation. Currelianent of lance Date of 18 times
(State of Country)	What test confirmed diagnosis? Thomas Was there an autopsy? The
15. MAJOEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mntmoure	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17, INFORMANT MARY & Johnson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	opens, whether injury occurred in moustki, in nome, or in public place.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Wallangton De Date July 201 193 7	Nature of Injury
10 HAIGEDTAVED X. W	
19. UNDERTAKER S. W. Where Co. (Address) washington 200	24. Was diseasa or Injury in any way related to occupation of deceased?
T a de la colonia de la coloni	(Signed) Whitehell M.O.
20. FILEO 20, 1932 2 5 Della Reistra.	(Address) Selver I will ma
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	of importance were as follows:	Date of onset
1915	the of epilepsy	1 week ago
1921	Run (vg hy street car	1 week ago
July ,1927	Peritonitie	3 days ago
1 RX	Company design	
666	8, 30, 0/	
	Other contributory auses of importance:	
May 1,1923	Gastroenulais	1 year
	.01	
	1915 193 July ,1927	1915  Run (ve) by sweet car  July 1927  Peritonalis  Other contributory auses of importance:

ż

STATE OF	MARYLAND-CE	ERTIFICATE OF	F DEATH (17878
----------	-------------	---------------	----------------

1. PLACE OF DEATH  County Montgomery County				Registration Dist. No. 2. 1	4		
Village or City Olney, Maryland				No. The Montg. Co. General Hospital War (If death occurred in a hospital or institution, give its NAME instead of street and number) os. 16 ds. How long in U.S. if of foreign birth?			
2. FULL N	AME Lawrence	L. John	son				
	ence: No. Colesvi		yland	St., Ward.  If nonresident give city or town and	State		
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	Constitution of the Consti		
3. SEX male	4. COLOR OR RACE colored	S. SINGLE, MAI	REED, WIDOWED,	21. DATE OF DEATH  July 11,  (Month) (Oav)	, 193 <b>2</b>		
5a. If merried, wide HUSBANO of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY. That I ettanded June 25, 132, to July 11,	decaased from		
6. DATE OF BIRTH	H (month, day, and year) Oct	. 7, 190	5	lest saw him alive on July 11, 1932	; death is said		
	ears Months	Days 4	If LESS than  1 day,hrs.  ormin.	to heve occurred on the deta stated above, at 7: 30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
SAWYE	r business in which	aborer		General Septicemia			
10. Oats decenthis occ	esed last worked at cupation (month and 25)	11. Total 1 1932 spa	time (yeers) ent in this upation	Other Contributory Canses of importence:			
12. BIRTHPLACE (		County,					
(State or co		1d		Gun shot wound of right thigh.			
(State	Unknown CE (city or town) or country)	lesso	ally	Nema of operation. Amputation of rt. legoate of what test confirmed diagnosis? No test Wes there an a	utopsy? N O		
	CE (city or town) or country)  Hospital recor	may md	foursor	23. if death was due to externel causes (VIOLENCE) fill in also the following Accident, suicida, or homicide: homicide Dete of injury 6-25  Where did injury occur? Spencerville, Montg. Co  (Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL  Public Place	1932 . Md.		
18. BURIAL, CREMATION, OR REMOVAL Place 30 10 10 Date 7 19 35  19. UNOERTAKER (Address)  20. FILEO 7 7 19 32				Manner of Injury Was shot by another man.  Nature of injury Comminuted fracture of rifemur with laceration of soft struct 24. Was disease or injury in any way releted to occupetion of deceased?  If so, specify  (Signed)	tures		
1			Registrar.	(Address) Sandy Spring, Maryland			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY.

V. S. No. 1 N. B.—

STATE OF MARYLA	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	(75)
County	Registration Dist. No. 2/3  No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  gnos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William (a) Residence: No. Historia (Usual place of abod	My "Mrs. fely Rosse."  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
Male 4. color or race or divorced (suring	
6e. If merried, widowed, or divorcad HUSBANO of (or) WIFE of	22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Desi saw h. ative on 19 ; death is seld
7. AGE Years Months Days If 1 de	to heve occurred on the dete steted above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	purtally
work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Data decassad last worked et this occupation (profith and yeer)  11 Total time (ye spent in th occupation	his halfman
12. BIRTHPLACE (city or town) / Virginia (State or country)	Other Centribulary Canses of Importance:
13. NAME Wany & Armone	
14. BIRTHPLACE (city or town) Ymyma (Stete or country)	Name of operation Dete of Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME May Jackson 16. BIRTHPLACE (city or town)	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(Steta or country)  17. INFORMANT (Address)  Superior Country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Locker Lle, web oate 9/2	Nature of injury Calerhalian
19 UNDERTAKER Warner & Pumplier (Address) Pockerelle, Mas	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED 8/2 , 1932 Mus - W. J. V.	(Signed) M. D. Registrar. (Address) Probable Definition

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	·
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1874		
	-15-		

infor-

OCCUPA

19. UNDERTAKER (Address)

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Montgomery Village or City Olney, Maryland No. The Montgomery County Gen. Haspital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. 1 ds. How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ ds. David C. Kennedy 2. FULL NAME Fairland, Maryland (a) Residence: No. Ward. (Usual place of shode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) July 2 male white 5a. If married, widowed, or divorced HUSBAND of Hannah I. Kennedy I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 19 32 to July 20. July 20, 1932 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 2 & m 7. AGE Years Months Days If LESS than I day.....hrs 82 3 The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer Strangulated right femoral hernia. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 10. Dato deceased last worked at 11. Total time (yeers) this occupation (month and spent in this occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Belfast, (State or country) Right femoral hernia. FATHER 13. NAME William Kennedy Ireland Herniotomy I4. BIRTHPLACE (city or town) What test confirmed diagnosis? Operation Was there an autopsy// No. (State or country) MOTHER Elizabeth Scott IS. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Scotland Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_ 16, BIRTHPLACE (city or town). (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Hospital record Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury 4/02/ 1932 Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

24. Was disease or injury in any way retated to occupation of deceased?\_\_No

(Address) Sandy Spring, Mary

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL S	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	--------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07881

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
- LAUREAU VIII				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1	93AB9245	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY F	PHYSICIAN
	The state of

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE QF DEATH	(F)
County Montgomeres	Registration Dist. No. 2/3
Village or City Man Alexwood.	NoSt.,Ward
10- (1)	death occurredgin a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laby gerl	miller
(a) Residence: No. Just June (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That lattended deceased from
July 73. 1932	last sawler alive on July 36, 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 325 Pm
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation.	Intraceanial humonfeage July 32.
12. BIRTHPLACE (city or town) Men Derwyod, (State or country)	Other Contributory Courses of importance:  Buth The June - Breech
13. NAME Romes J. Miller	
13. NAME FALLS THULLER  14. BIRTHPLACE (city or town) Magnetic Community  (State of country)	Name of operation Date of
(crate digodinity)	What test confirmed diagnosistation was there an autopsyllo-
15. MAIDEN NAME Grangarit Jacobs	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Sympanif Jacobs  16. BIRTHPLACE (city or town) Stateguis Co.  (State or country)	Accident, suicide, or homicide?
17. INFORMANT ROSELO H. Juilley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place Deluvood Md Date July 27, 1932	Manner of injury
19. UNDERTAKER Warner E flem plusey.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/27. 1932 Mus 24 T. Pract Registrar.	(Signed) M. D. (Address) R. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 6110 2 1000	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH	07859	
1. PLACE OF DEATH		(26)	1,5	
County Montg Co		Registration Dist. No.	10	
Village or City Gaithersburg (If		No. St., World death occurred in a horpital or institution, give its NAME instead of street and number)		
		os	_mos ds.	
2. FULL NAME Nora M	Mitwhell			
(a) Residence: No Gait	hersburg (Usual place of abode)	St., Ward.  If nonresident give city or town a	and State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	July 2 (Month) (Day)	193 <b>%</b> (Yeer)	
5e. If merried, widowed, or divorced HUSBAND of		22. A I HEREBY CERTIFY. That attends		
(or) WIFE of		22. HEREBY CERTIFY. That attends	- 103 L	
6. DATE OF BIRTH (month, day, end year)	and an arms	Clast sew here elive on July 7 - 193	death is said	
7. AGE Years Months About 70	Days If LESS than 1 day,hrs	to heve occurred on the date dated above, et. 7 30 M		
8. Trade, profession, or particular	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	enteritie (new finte)	Data of onset	
SAWYER, BOOKKEPER, etc	Petired		/ //3	
Date deceased lest worked et this occupation (month and yeer)	11. Totel time (years) spent in this occupation	1002		
12. BIRTHPLACE (city or town) ME (State or country)	aryland	Other Contributed Causes of importence which	1927	
# 13. NAME Unknown				
14. BIRTHPLACE (city or town) (State or country)		Name ef operation Dete of What test confirmed diegnosis? Was there e		
15. MAIDEN NAME Unkno	wn	23. If death was due to external causes (VIDLENCE) fill in also the follow		
15. MAIDEN NAME Unknot		Accident, suicide, or homicide? Date of injury		
17. INFORMANT CARDIE S.S. (Address)	tevenson	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE EMOTY Grove	Dete Juhy 7 19 32	Manner of injury		
19. UNDERTAKER 5	allustus po	24. Wes disease or injury In any way related to occupation of deceased?  If so, specify	7	
20. FILED. July 6, 1932 (30	relul Dare Ekles	(Signed) Janthershag	Ma	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Banjahore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows:  Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 200 78.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

STATE OF MARYLAND	CERTIFICATE OF DEATH 07885
1.PLACE OF DEATH	93-2
county Mondagomery	Registration Dist. No. 223
Village or City Jakomas Vark.	No. 5 Montgomery Ougl. Ward
Of	death occurred in a hospital or institution, give its NAME pistead of street and number)
	ds. How long in U.S. If all oreign birth?yrsmosds.
2. FULL NAMELEUVIS MODERS M.	overs.
(a) Residence: No. 5 - Montgomery a	VG. Ward.
(a) Residence. No.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DWORCED (awrite the word)	21. DATE OF DEATH July 30 (Yese)
5a. 1f married, widowed, or divosed	(month) (Day) (Tear)
HUSBAND of Cor WIFE of Clara Bello Movers.	22. JAEREBY CERTIFY, That I attended daceased from
www.carefilloom.	1932 p 11932
6. DATE OF BIRTH (month, day, and year) Suly 16 - 1842	i last saw h melive on funda, 1902; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on tha date stated above, et electric m.
90 / 7   1 day,	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	- Date of onest
SAWYER, BDDKKEEPER, etc.	negocalaris sovan
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	spedefinile tolerod
SAW MILL, BANK, etc	
this occupation (month/and 1920 spent in this 40 9	
Josephion 2	Other Contributory Causes of Importance
12. BIRTHPLACE (city of town) fassalboro	aleporelesas
(State or country)	are, and pluelity
14. BIRTHPLACE (city or town) Japanello	
4 14. BIRTHPLACE (city or town) Jacobselloro	Neme of operation
(State of Country), ///www.	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sarahy Nech eppoloume	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Jasselboro	Accident, sulcide, or homicide? Data of Injury 19
E (Stata or country) Magne	Where did Injury occur?
17. INFORMANT Suy: A: Neaman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 2017 - Battimore ave.	***
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Washington Date Date 3,1932	Neture of Injury
19. UNDERTAKER S. H. Hines to a	24. Wes disaase or injury in any way related to occupation of deceased?
(Address) 290/- 14 A St. h. W.	If so, specify A. A. A. A.
1 2 3 All (a)	(Signed Alfred 17. Burson M. D.
20. FILED Registrar.	(Address) Jakoma Dank 60 C
Megnirar.	The state of the s

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THEAU V S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	.7	
, ,7		
1		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	94-0
County Monlyon rry	Registration Dist. No. 216
Village or City Chary Chare	NoSt.,St.,
Length of residence in city or town where death occurred 3 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsdsds
	none of the local billion of t
(a) Residence: No. 108 East Linderwood	
(a) Residence: No. / Co (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX A. COLOR OR RACE DR DIVORCED ("write the word) The sex of the	July 24 193 2
a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Suina Shoore	22.   HEREBY CERTIFY, That I attended deceased for
0, , 2	Dead whow, to steph in al
DATE OF BIRTH (month, day, and year 200. 25, 157 2	1 1851 Salvalle divergo Ma Clottol 4940 coentris sei
59 9 1/4 1 day,	to mare occupied orders date states date; at a series and it.
8 Trade, profession, or particular	were as follows:  Date of onse
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, B	S A A A A A A A A A A A A A A A A A A A
skind of work done, as SPINNATURE BUT English SAWYER, BOOKKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (morth) and	angine 1 cooled 1/10/
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 13/37 year)	140
year) Occupation Occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or fown) Sullanning (State or country)	
13. NAME James of Javore	- alleus Schlusses 47
14. BIR (HPLACE (city or town) ASTERNO. O. C.	Name of operation Data of
	What test confirmed diagnosis?
0 111 + 000	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town meddletown Pa.  (State or country)	,13
a de la companya della companya della companya de la companya della companya dell	Where did injury occur? (Specify city or town, county and State)
(Address) Of E andwood It	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place rung con com Date July 26, 19 3	Nature of injury
3. UNDERTAKER This August	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Wash deel	If so, specify
FILED 7-24 1932 Thomas K. Comad	(Signed) Thomas K. Could M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH	7887
1. PLACE OF DEATH	(131)	
County Morley	Registration Dist. No. 2/	7
Village or City Speneevalle	No. St.,	Ward
Length of rasidence in city or town where death occurred 6. Oyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and r.mosds. How long in U.S. If of foraign birth?yrsmo	
2. FULL NAME Rochael S. Mens	h.	
(a) Residence: No. Spencentle	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word		, 193 Z. (Year)
5a. If married, widowad, or divorced HUSBAND of		
(or) WIFE of Frances F. Mursher	22. I HEREBY CERTIFY, That I attanded	deceased from
11/8 1853	1928, 10 7/23/	ے دم 19 ,۔۔۔
7. AGE Yaars Months Days If LESS the		-; daath is seid
79 3 72 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance	
8 Trade profession or particular	wara as follows:	Date of onset
kind of work done, as SPINNER, ASSES	Telegrape Introduce no	
Industry or businass in which work was done, as SILK MILL,	plustis	2/1/3
SAW MILL, BANK, etc.		7-1/02
Date deceased last worked at this occupation (month and yaar)  yaar)  occupation		-
m 0-1	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (State or country)	Marmia	7/15/3
E las h	2	-
14. BIRTHPLACE (city or town)	Name of operation Date of What the three confirmed disconneis?	
15. MAIDEN NAME CONTROL	What tast confirmed diagnosis? Was there an a  23. If daath was dua to axternal causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME CONFIDENCE (city or town) Confidence (State or country)	Accident, suicide, or homicida?	
(State or country)	Whare did injury occur?	, 40
17. INFORMANT Cerlington & murfall	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury	
Place Beulanaville Date July 25, 191	Nature of Injury	
19. UNDERTAKER of Lord Agest	24. Was disease or injury in any way related to occupation of daceased?	22
(Address) Laurel nd.	If so, specify	
20. FILED July 214 1932 Cl3arresles	(Signed) Mount	M/D.
Registra	(Address) Daning of party	12/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Mondagomery	Registration Dist. No. 2/2
Village or City 3 (1)	No. St., Ward Il death occurred in a hospital or institution, give its NAME instead of street and number)
Length of tasidence in city or town where death occurredyrsmo	s. ds. How long In U.S. if of foreign hirth?yrsmosds
2. FULL NAME Mary C. Mall	
(a) Residence: No. R. 4.0 (4) [Boyder]	Ward.  If nonresident give city or town and State
(Usual place of Sode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terricle While OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If massied, widowed, or divorced HUSBAND of	
(or) WIFE of Wife & Mall	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 1 - 1849	Plast saw of alive on alive on 1932; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date states above, at
83 6 0 1 day, hrs. or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Walerial Delevous 1920
SAWYER, BOOKKEEPER, etc.	Cowney Thomas
work was done, as SILK MILL, SAW MILL, BANK, etc.	231
	260
year) oscupation oscupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	_
	Name of operation.
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Pharmal Was there an autopsy? W
15. MAIDEN NAME Callering Trum	23. If death was due to axtarnal causes (VIOL ENCE) fill In also tha following:
15. MAIDEN NAME CALLERY TOWN 16. BIRTHPLACE (city or town) When the control of th	Accident, sulcide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In JNDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Beallstrille Morte July 19. 3	
19. UNDERTAKER W. T. WOLDEN Segue	24. Was disease or injury in any way related to occupation of deceased?
(Address) Seall will W	If so, specify
· C.l. in Bancon Nill	(Signed) WOULD MOULD M.
20. FILED MILES 19 MI	(Address) Danner Dd Wa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Manager and American State of the Control of the Co	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arterioselerosis Chronic interstitial neparatis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo			
BUREAU V. 8.		•				
Other contributory causes of importance:	-	Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

OCCUPA-

statement

County

plnoys

ECORD. Every item

FOR BINDING classified. MARGIN RESERVED may OF DEATH

Jo

instructions

See

important.

should

CAUSE

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Montgomery Village or City Friendship Hets.

(2-0)	9 1	
Regi	gistration Dist. No. 216-	
ND. (If death occurred in a hospital or institution, give	St.,	Wa
(If death occurred in a hospital or institution, give	e its NAME instead of street and numbe	1)
mosds. How long in U.S. if of foreign	birth?mos	

If nonresident give city or town and State CATE OF DEATH

		ME	DICAL	CEF	RTIF
21.	DATI	E OF	DEAT	H	0
				Qu	ely
			/	7	(Month)

LL. da .	1 1	CKEI	3 1 C	ERI	Troi.	Thet f	ettanded	decaased	11.0
Mar	<	29	10	3 .		1	5 3	10 "	>
11000	1	/	, 19-	2 do ., 1	0 1	Cog	3	, 19.4	2.
I last saw h	en	aliva on	(/	May.	/2.2.	6	1031	. doobb le	
I last saw II		Ciiva Oii.	- you		4 -		, 13.9	_ ; death is	2 30

to have occurred on the date stated above at 2:5 04, m The PRINCIPAL CAUSE OF DEATH and calated causes of importance

618 63 101043.	Data of onset
Cerebral Hemorrhage	Mayo
	1932

asthenia	
00007-7000	
of operation	

-1	must test committee diagnosis:	TTOS LIII	cic all au
	23. If death was due to external causes (VIOLENCE) fill in els	o the f	ollowing:

Accidant, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19

Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State)

Specify	whethar	injury	occurrad	in	INDUSTRY,	in	HOME,	10	in PU	BLIC	PLA

Manage of Interes	-

atura	26	Injury	_	_		-															
atura	UI	mjury	 20	-	-	-	 -	-		-	-	-	-	-	 • •	 _	-	-		-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

24. Was disaase or Injury in any way related to occupation of daceased?\_

lf	so, spacify	The descit of Roman
	/P! ds	r medicant of Kann

Length of residence in city or town where death occurred\_\_\_\_\_yrs.\_ 2. FULL NAME Mary Angeline Nolan (a) Residence: No. 114 Wootten Ave. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female White Widowed 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Nolan 6. DATÉ OF BIRTH (month, day, and year) NOV ... 7. AGE Years Months Days If LESS than 1 day.\_\_\_\_hrs. 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BDDKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date dacaased last worked at 11. Total time (years) this occupation (month and spent in this 12. BIRTHPLACE (city or town) Penna (State or country) Unknown FATHER 13. NAME Unkno wn 14. BIRTHPLACE (city or town) (State or country) MOTHER Unkno wn 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

tten

1 Data Let

Registrar.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilensy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07890
1. PLACE OF DEATH	(33)
County Montgomery	Registration Dist. No. 7-1 A
Village or City & Pedry & have	No. 6904 Bron / Zrell Rd St., Ward death occurred in a hospital or institution, give its NAME instead of lirect and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Pose Lee Palmer	
(a) Residence: No. 6904 Brookville Rd	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Female white Single	21. DATE OF DEATH  (Monthly)  29  (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	1 HEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 4, 185-3	I last saw h_le_alive on_July \$7
7. AGE Yaars   Months   Deys   If LESS than	to have occurred on the data stated above, et
79 5 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, Let Home	Theore in deter a more netwester Date of one of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date daceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Wishworeland 60 (State or country)	Other Contributory Canges of importance:  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
13. NAME John B. Palmer	Frankly It at Spore
14. BIRTHPLACE (city of town)	Name of operation Date of
15. MAIDEN NAME Martha Francis Everelle	Whet tast confirmed diagnosis? Usual Ly with Saddyhere an autopsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs Waddy (Address) 6904 Brown 18 18 18	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL .	Mannar of injury
Place alexandra Date and 1 1932	Natura of injury
19. UNDERTAKER John S. arnold	24. Was disaase or injury In any way related to occupation of daceased?
(Address) Clexandra 7 20, FILED 7-30-, 19.3 > Lomas Conall Register.	(Signed) (Addrass) 4 6 5 17 01 0 15
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		G9N33327	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	/		1
alut has un	Jan condetin	until wetreus	heat Ales mules
hu delissin .	om cher in	and ytems	and mark
	1		6
	0		

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement SICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write he word) Month) BINDING classified 5a. If married, widowed, or divorced HUSBAND of ER.EB (or) WtFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Davs tf LESS than FOR 3 l day, \_\_\_\_hrs 3 The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows: 8. Trade, profession, or particular THIS kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.\_\_\_ RESERVED be Jo 0 may back 9. Industry or business in which should CUPA work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation Instructions Other Contributory Causes of importance MARGIN 12. BIRTIIPLACE (city or town (State or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town) (State or country) carefully D MOTHER 15. MAIDEN NAME important OF DEATH 16. BIRTHPLACE (city or town (State or country pe (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? No. (Address) if so, specify (Signed) 20. FILED. Registrar. (Address) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

St.,

(Day)

193

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	/		

N. B.—WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in plai	TION is mornimmontant
Z	F	1	)

Length of residence In city or town where death occurred yrs	Registration Dist. No. 2/7
Village or City Seedy Space (If death occ Length of residence In city or town where death occurred yrs	
Length of residence In city or town where death occurred yrs. mos.  2. FULL NAME Of Auditory State Sta	
(a) Residence: No. Sandy Shall St.,  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  1 LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.  9. Indéstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  Bey Johnson  Neme of the BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Marcha Accidental Accidental Color of the Color of	arred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Sally Sual place of state)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  Level 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Shape 6. OR DIVORCED (write the word)  Sa. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. Accidental particular (state or country)  What technology of the particular (state or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. Accidental particular (state or country)  What technology of the particular (state or country)  What technology of the particular (state or country)  What technology of the particular (state or country)  16. BIRTHPLACE (city or town)  17. Accidental particular (state or country)  18. MAIDEN NAME  19. MAIDEN NAME  10. Date deceased last worked at this occupation  19. Maidental particular (state or country)  19. Maidental particular (state or count	ds. How long in U.S.II of foreign birth?yrsmos
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  L. COLOR OR RACE  COL  OR DIVORCED (*write the word)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of  B. DATE OF BIRTH (month, day, and year)  AGE  Yeers  Months  Days  If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (Stete or country)  The profession of particular kind of work done, as SPINNER SAW MILL, BANK, etc.  11. Total time (years) spant in this occupation  Other of (Stete or country)  The profession of particular kind of work done, as SPINNER SAW MILL, BANK, etc.  11. Total time (years) spant in this occupation  Other of (Stete or country)  The profession of particular were a  11. Total time (years) spant in this occupation  Other of (Stete or country)  The profession of particular were a  11. Total time (years) spant in this occupation  Other of (Stete or country)  The profession of particular were a  11. Total time (years) spant in this occupation  Other of  Other	well
S. SEX  SEX  SEX  SEX  SEX  SEX  SEX  SEX	Ward.  If nonresident give city or town and State
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas C. Called S. Called	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Chas 6. Devel 22.  6. DATE OF BIRTH (month, day, and year) 2/6. To AGE Yeers Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. tagéstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer) cocupation (month and yeer).  12. BIRTHPLACE (city or town) Saudy Spring In this occupation (State or country)  13. NAME Beng Johnson What te 15. MAIDEN NAME Marched Days In deceased 15. MAIDEN NAME MARCHED NAME NAME MARCHED NAME NAME MARCHED NAME NAME NAME NAME NAME NAME NAME NAME	Month) (Day) (Yeer)
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. MAIDEN NAME  18. Trade, profession, or particular law, hrs. or. min.  19. Were a law, hrs. or. min.  11. Total time (years) spant in this occupation  Other of the particular law, hrs. occupation  Other occupatio	I HEREBY CERTIFY That I ettended deceased i
AGE Yeers Months Days If LESS than I day, hrs. The PR or min.  8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.  9. Indistry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer) spent in this occupation (month and yeer) occupation occupation  (Stete or country)  13. NAME Best Johnson  14. BIRTHPLACE (city or town) State or country)  15. MAIDEN NAME Marcha Jacobard 23. If de Accider	when July 5 ,1932 deeth is
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.  9. Indéstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  2. BIRTHPLACE (city or town) Sawy Spring Indian (State or country)  13. NAME  14. BIRTHPLACE (city or town) Memory (State or country)  15. MAIDEN NAME Markha Sharad 23. If de 16. BIRTHPLACE (city or town) Indian Accident	occurred on the date stated above, at 9.24 P.m.
8. Trade, profession, or particular kind of work done, as SPINNER.  SAWYER, BOOKKEPER, etc.  9. Indistry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  2. BIRTHPLACE (city or town)  (Stete er country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Market  M	INCIPAL CAUSE OF DEATH and related causes of Importence
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  2. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Marchael Salada SPINNER, Sauchel Ceeper  11. Total time (years) spant in this occupation  Other of the second of t	Conseque the make in Date of
10. Date deceased last worked at this occupation (month and yeer)  2. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. MAIDEN NAME  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  19. MAIDEN NAME  10. Date deceased last worked at this occupation occupation  Other of the country occupation  Other of the country occupation  Other occupati	co to racy sices moves gray
10. Date deceased last worked at this occupation (month and puly 1932) Spant in this occupation (month and puly 1932) Spant in this occupation Other (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  Accidentation (month and puly 1932)  What tells  16. BIRTHPLACE (city or town)  Accidentation (month and puly 1932)  What tells  16. BIRTHPLACE (city or town)  Accidentation (month and puly 1932)  What tells  17. Total time (years)  Spant in this occupation  Other (matter)  What tells  18. Total time (years)  Spant in this occupation  Other (matter)  Other (	
2. BIRTHPLACE (city or town) Saray Spring Ind.  (Stete or country)  13. NAME Benj Johnson  14. BIRTHPLACE (city or town) Memory  (State or country)  15. MAIDEN NAME Marcha Stockard - 23. If de 16. BIRTHPLACE (city or town) Ind. Accident	
2. BIRTHPLACE (city or town) Saudy Spring Ind.  (Stete or country)  13. NAME Benj Johnson  14. BIRTHPLACE (city or town) Moderate (State or country)  What te 15. MAIDEN NAME Marcha Stoward - 23. If de 16. BIRTHPLACE (city or town) Indiana Accident	
(Stete or country)  13. NAME  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  71. Accident	Contributory Causes of Importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  71. Accident	arterio seleroses mitos
14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. MAIDEN NAME  18. MAIDEN NAME  19. MAIDEN NAME  Accident	
15. MAIDEN NAME marcha Stocoard - 23. If de  16. BIRTHPLACE (city or town) - 3nd - Accident	1
15. MAIDEN NAME martha Stocoard - 23. If de 16. BIRTHPLACE (city or town) Accider	f operation
16. BIRTHPLACE (city or town) 22d - Acciden	st confirmed diagnosis? 2002 Wes there an autopsy??
16. BIRTHPLACE (city or town) Accides	th was due to external causes (VIOLENCE) fill in also the following:
(State or country) Where	t, suicide, or homicide?, 19 fid injury occur?, 19
80.0	(Specify city or town, county and State) whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	of Injury
9. UNDERTAKER Seo II Arrondes 24. Was	of Injurydisease or injury in any way releted to occupation of deceased?
	gned) Saudy Spring md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II				
The principal cause of death and relate of importance were as follows:	ed causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	-	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	. O. V	e testor	Rup over by street ear Perito citis	1 week ago			
Cerebral hemorrhage	79 41	July 5, 1927	Perito vitis	3 days ago			
	5000	is all					
Other contributory causes of important	\ HXD's	CHO	Other contributory causes of importance:				
Gallstones			Castr enteritis	1 year			

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT RECORD WITH UNFADING INK--THIS IS A PERM WRITE PLAINL

MARGIN RESERVED FOR BINDING

S. No. 1

PLACE OF DEATH County The County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Westhurl (No	St: Ward)  St: Ward)  St: Store a hospital or institution, give its NAME in stead of street annumber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HERERY CORTIFY, that I attended the deceased from
(Month) (Day) , 1932	that I last saw ( 192 6 , 192
7 AGE   If LESS than   1 day hrs.   ds.   or   min.?	7
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed) (Duration) yrs. mos. ds  (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Addr
(Address) Swhile V 4  15 Filed 7-29 19232 Mrs. W Thetheren	20 UNDERTAKER Resolver Westinger Westinger
If more b.anks are needed, addre.s tate hegistrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons en-For many occupations a single word or term on (6)

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

capproved by Committee on Nomenclature of the "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death Lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory affection valvular heart disease; need not be Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

data i

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car . A DV A LL	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		VIIG. 2: 1835		
Other contributory causes of importance:		Other contributory causes of importance:	1142	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE PLAINLY,

			07895
1		PLACE OF DEATH	STATE OF MARYLAND
1		County // County	CERTIFICATE OF DEATH
1			Registration Dist. No. 2
9	Vill	lage or City felog ffing (No.	St.: Ward) (If denth occurred la hospitat or institution, give its NAME in
certificate		2FULL NAME Robert Lea	Assembly stead of street an number.)
Cer		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 \$	MAL Whit WIDOWED. OR DIVORCED	16 DATE OF DEATH July 25, 1932
pa	6.0	(Write the word)	(Month) (Day) (Year)
0		1/4. 31 .921	Jel 25 1932 to July 25, 1862
ons	4	(Mooth) (Day) (Year)	that I last saw have alive on Decline 1930 1930
ructi	7 A	GE [IfLESS than	and that death occurred on the date stated above, atm
stru		1 dayhrs.	The CAUSE OF DEATH * was as follows:
ž.	-	yrsds. ormin.?	
899	3) (8	a) Trade, profession or articular kind of work	a cure delication of the
11.	3 (E	o) General nature of industry	
tan		usiness, or establishment in hich employed or (employer)	(Durstion) yrsmosde
mporta	9 B	IRTHPLACE //7	Contributory Secondary
4-100		(State or country) MG. Ca.	(Duration) Lyre 0 mos ode
very		TO NAME OF STATHER STATE BASE STATES	(Signed) M. D
0	S	11 BIRTHPLACE	July 2 (Address) flassing the
0	L Z	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	PAR	OF MOTHER Vinginia Will	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
2		13 BIRTHPLACE OF MOTHER	At place In the
0	1	(State or Country)	of deathyrsds. Stateyrsds Where was disease contracted,
0	14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ent		(Informant) Verginia thousander	usual residence
statement		(Address) fitney Phrase, My)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Daly 27, 193
8	15	Filed La 26 1982 JE Dulby Bergister	20 UNDERTAKER PADDRESS
1	-	If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		,	17 90 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feeth (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar! "pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably smicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, Recommendations on statement of cause of death telands) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Inanition, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," or intercurrent) Chronic etc. affection need valvular heart disease; Nomenclature The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH	836
1. PLACE OF DEATH	(7E)	223
Village or City Takoma Park	Registration Dist. No.	Ward number)
Length of residence in city or town where deeth occurredyrs,mo	s7ds. How long in U.S. if of foreign birth?yrsm	nosds.
2. FULL NAME Wilmer B. S	i Col Ward	
(a) Residence: No. 3579 A 10 50 Wash S 3518 Porter St. Wash DC (Usual place of abode)	Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Summer Summ		, 19.32
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. 0rmin.	to have occurred on the date steted above, at 12.42.4m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
Prade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Model attached by work wes done, as SILK MILL, SAW MILL, BANK, etc SAW MILL, BANK, etc 11. Total time (years) this pecupation (month end spent in this pecupation (month end spent in this	acute Encephalite: not encephality	1932
12. BIRTHPLACE (city or town)  12. Direction 32  12. Direction 32	day to a focal infection. austo?	1832
(State or country)	Simility	Janus
13. NAME UNAME  14. BIRTHPLACE (city or town)	Name of operation	autopsy? W
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT — Cantarum Records  (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	, 19 nte)
18. BURIAL, CREMATION, OR REMOVAL Plece Wask. D. C. Date 7/17	Manner of Injury	
19. UNDERTAKER 1. Jacks to Co (Address) 4, 2- H. Shall 12. E.	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signed)	M, D,
Registrar.	(Address) 722 March Tahour	Ph ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car A DASTAU 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	<b>PHYSICIAN</b>
--------------------------------	------------	----	------------------

Change of former address of deceased authorized by letter filed 8-31-32 under

DR. PARRETT. Bureau VS LFL

MARGIN RESERVED FOR BINDING

1	e	1	
Xē	stat	PA	
F.	ura uran	CI	1
0	M	00	1
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
FY	Z	nt	
Eve	N.	eme	
D.	SIC	tat	
OR	HX	55.	
Ö	Ь	cac	
	5-r	e e	
Z	1	ri.	
NE	LO	ifie	
Y	4	ass	
SR.	×	C	ai.
PE	part .	rly	ate
4	itec	obe	tific
IS	sta	pr	cer
HIS	be	pe	N is very important. See instructions on back of certificate.
H	pla	lay	ıck
K	hou	t m	pg 1
Z	(A)	it i	00
5	16	tha	ons
DIC	,	80	cti
E.	ied.	ns,	stru
Z	ppl	err	ins
1	ns	in t	see
1	113	pla	
=	efu	Ξ.	ant
Þ,	car	H	ort
Z	pe	SAT	mp
1	PI	DI	y i
FEE	nou	OF	ver
LE	33	E	2
Z.	OT	20	Z

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH nontyone Registration Dist. No. County Village or City Chevy Chase Maryland (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. mos. ds. How long In U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME IDA M. STOKES. 404 Elm Street. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) White remale Widow (Month) (Year) 5a. If marriad, widowad, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE Fred Herbert Stokes 6. DATE OF BIRTH (month, day, and yaar) to have occurred on the data stated above, at 2.00 P. m. 7. AGE Months Dave If LESS than 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc ..... 10. Date dacaasad last worked at 11. Total time (years) this occupation (month and spent in this occupation .... Watertown. 12. BIRTHPLACE (city or town) .... (State or country) FATHER Daniel Magill 13. NAME ireland 14. BIRTHPLACE (city or town) Name of oparation ... (Stata or country) What tast confirmed diagnosis? I Takellence MOTHER Anna Hart 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida? \_\_\_\_\_ Data of injury \_\_\_\_\_ 19\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Mrs. Dorothy Branch Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 404 Elm St., Chevy Chase, Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Washington, D.C. Date July 26, 1932 19. UNDERTAKER If so, spacify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 your

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 5 1832			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	j
----------------------	---------	------------	----	-----------	---

V. S. No. 1 N. B.- GCCUPA.

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07899
county Montgomery	Registration Dist. No. 223
Village of City To Marsky Park	No Wash San. & Hostital st Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred yrs	gs. now long in 0.5. It of loreign birth?yrsmosgs.
(a) Residence: No. 132 E. Race St. (Usual place of abode)	St., Ward Martins burg. W. Va.  If nonresident five city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
Fa. If married, widowed, or divorced	
(Or) WIFE OF Halsey B. Toole.	22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) October 15, 1864	Hast sawhele alive on 7/9/, 1937; death is said
7. AGE. Years   Months Days If LESS than	to have occurred on the date stated above, at 7. F. m.
68 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Keeper	Levere len atterisoclinos with fyperfina 7 yrs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupetion (month and year) year)  11. Total time (years) spant in this occupation	In Hea My readition become 5 yrs
12. BIRTHPLACE (city or town) West Martinsburg.  (State or country) W. Va.	Other Contributory Causes of importance:
	7.00
13. NAME W. Hiam Henry Broome  14. BIRTHPLACE (city or town) New York City (State or country)  17. Y.	Name of operation Date of What test confirmed diagnosis lineal Lab Was there an au opsylve.
15. MAIDEN NAME Mary Boarman	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Martins burg (State or country) W. Ua.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Wash Sun & Hospital Records (Address) Takona Park md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURHAL, CREMATION, OR REMOVAL	Manner of injury
Place hash. Date July 9, 1932	Nature of injury.
19. UNDERTAKER John J. Wright Co-	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jufly 9, 1932 No. E. Rogers. Registrar.	(Signed) Action (Ardress Varh, San Y Hop, I when I had

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Appropriate to the state of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
MIG 5 18			
Other contributory causes of importance:		Other contributory causes of importance:	Harris
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	RURTHER	STATEMENTS	RY	PHYSICIAN
A TATALL E ECOLY A LA	SEAUE FUR	P U IV I II IIIV	STATEMENT S	10.1	I II I DICITALI

V. S. No. 1

20. FILED 7.25 0,193

STATE OF MARYLAND-	CERTIFICATE OF DEATH	7900
1. PLACE OF DEATH	(19)	
County Monteomery	Registration Dist. No. 2	101_
A.A. H		7
Village or City Tunkington	NoSt.,  If death occurred in a hospital or institution, give its NAME instead of street an	Ward ward
Length of residence in city or town where daath occurredyrs,mo		
2. FULL NAME TRIPLETT, JAMES	S TAYLOR MITCHELL	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 - 3 (Year)
ia. If marriad, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attend	ad dacaesad from
(or) WIFE of fpril 22 1932	July 21, 1932, 10 July 2,	4 19 32
5. DATE OF BIRTH (month, day, and year)		2_; death is said
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2139/m.	
3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of enset
8. Trade, profession, or particular	p	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lacho - Enterito	July 20
9. Industry or businass in which work was done, as SILK MILL,		~
SAW MILL, BANK, etc		
this occupation (month and spent in this occupation occupation		
P. 1 t. 1 7: . Fred 81	Other Contributary Causes of importanca:	
(State or country)	<u>~</u>	
13. NAME Isiblett Loring Holmen	_	
13. MAINE Pupula dorume protine		
(State or country)	Name of operation Date of	
PIPULITI	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME dock react, Italda loca	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town) / Mauniaum Jala Ja	Accident, suicide, or homicide? Date of injury	, 19
(State of country)	Where did injury occur? (Specify city or town, county and S	
17. INFORMANT Albre L. H. I replete. (Address)	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION OR REMOVAL PLACE THE PROPERTY OF THE PRO	Manner of injury	
Place My Jaffer Ung museu 19 34	Nature of Injury.	
19. UNDERTAKER UM Pruben Pumbling	24. Was diseasa or Injury in any way related to occupation of decaased?	no
(Address)	If so specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			-Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	2001 g 509	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	A Service of the serv	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	TOBALLE .	3 days ago
Other contributory causes of importance:		Other contributory of	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	AL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-------------	-----------	------------	----	-----------

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07901
1. PLACE OF DEATH	(131)
County MONTGOMERY	Registration Dist. No. Z/b
Village or City CHEVY ChASE	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of financions, give to typical instead of street and financial control in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William & Troyell	
(a) Residence: No. 4/3 Raymond (Usuayblace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  whate was dowed.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BANO of (or) WIFE of The Late Rosa g. Tropell	22. I HEREBY CERTIFY. That I attended deceased from LE 1957, to July 6 , 1957
6. DATE OF BIRTH (month, day, and year) Att. 14 18 47	I last saw h alive on 1992; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 22 44 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
8. Trade, profession, or particular kind of work done, as SPINNER,	
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Carlor musulm
work was done, as SILK MILL, SAW MILL, BANK, etc.	Terral suscession
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Baltomare	Other Contributory Canses of importance:
(State or country) md.	
13. NAME William W. Iropell	
14. BIRTHPLACE (city or town). Getterplung	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 240
15. MAIDEN NAME Prulla Johnston  16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Ona I Websler (Address) 4/3 Rummond St. Chery Chase	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Noshum or pate fully 193	Nature of injury
19. UNOERTAKER W. W. Chambers Co (Address) 1400 Chapin St. W. Wast. DC.	24. Was disease or Injury In any way related to occupation of deceased? 22.
20. FILEO 7 - 6 7 , 1932 Thomas (Company)	(Signed) Libling Champen M. D.  (Address) 3 7 21 Linguist St. Elizamin L. St.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

99

Importa

S EVOLY

If more bianks are needed, addresa Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DEATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mentigitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1332

Carbolic acid-probably suicide. The nature of the injury, If this certificate is looked over thoroughly and a'l questions (Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Example: Measles (disease etc. The contributory valvular heart Measles ; disease;

N. B.

should state

-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(57)
	County Montgomery	Registration Dist. No. 2/3
1	Village or City Trochfelle	No. 1085-Mashington, St., Ward death occurred in a hospital or institution, give its NAME instand of street and number)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? ds.
		isc Milliamo
1	(a) Residence: No. 108 - 4 (Usual placefor abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hankes J. Hillean	1 HEREBY CERTIFY, That I attended deceased from
:	6. DATE OF BIRTH (month, day, and year) Perse H. 1856	1 last saw h. 12 alive on July 13 / 1932 death is said
200	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a S. S. R. M.
1111	76 22 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and rated causes of Importance were as follows:
10	8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc SawYER, BOOKKEPER, etc Sowers was done, es SILK MILL, SAW MILL BANK ALL BANK ALL BANK A	Simile arteriorelevos 1920
Dack		<u> </u>
00	10. Date deceased last worked at this occupation (month and year) occupation	
Cloud	12. BIRTHPLACE (city or town) Dawsonwelle	Other Contributory Causes of importance: Chromes and Marillon - Ober 1912
Lunc	(State or country)	Swalin for 20 years. I
Sul	13. NAME nucholas Foure Dans	om.
2	14. BIRTHPLACE (city or town) Dawonwille	Name of operation
2	(Citate of county)	What test confirmed diagnosis? They was there an autopsy the
ant.	15. MAIDEN NAME Cyanne Funce  16. BIRTHPLACE (city or town). Howard Co.	23. If death was due to external causes (VIOL ENCE) filt in also the following:
Ort	State or country	Accident, suicide, or homicide?
d m	1 (State of Country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT MID. While Hoollay (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
re	18. BURIAL CREMATION, OR REMOVAL College	Manner of Injury
SI	Place Monacacy (m. 1) Date July 13, 1937)	Neture of injury
101	19 UNDERTAKER WM. Prenten Sunglury	24. Wes disease or injury In any way releted to occupation of deceased?
-	(Address) Pochwilk md	If so, specify
.)	20, FILED 7-15- 1932 mis. 4. T. Pratt	(Signed) Charles Clared M. D.
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I/ED		Example II	and in pies.
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chamin intensitied and all		Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

pluods

OCCUPA.

Jo

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

73

Trade, profession, or perticular

Industry or business in which

10. Date deceased last worked at this occupation (month and

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

17. INFORMANTULOS

(Address)

(Address)

19. UNDERTAKER

20, FILED

13. NAME

kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.....

work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_

Years

(or) WIFE of

item of infor-

PERSONAL AND STATISTICAL PARTICULARS

Months

11

Woodard

Doo bard

Davs

4. COLOR OR RACE

(Usual place of abode)

S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word

11. Total time (years) spent in this

occupation \_\_

185

If LESS tha

1 dey, ....

or\_\_\_\_min.

0	7	0	0	1	
U	á	J	U	*	

2 ds.	d in a hospital or institution of the How long in U.S. il (	of foreign birth?	yrs	mos	
		0	\		
\$t.,	Ward. Was		ent give city or I	town and State	
	MEDICAL C	ERTIFICA	TE OF DE	ATH	
21. DAT	E OF DEATH	Month	(Day)	, 193	1 Yeer)
//	I HEREBY	,1932, to		attended deceas 11, 1 19.3 2 ; deat	9.3
	curred on the date state		H3 a.m.		
The PRING	CIPAL CAUSE OF DEAT	I'H and related c	auses of importa	1	ofons
				Date	010118
	no cara	gener	iaey		
Dther Com	tributary Causes of Impo	ortance:			••••
a	terro-c	Cleri	PLS		
Name of o	peration		(	Date of	
Whet test	confirmed diagnosis?		Was t	here an autopsy	/?
23. If death	was due to external car	uses (VIOLENCE	) fill in also the	Iollowing:	
Accident, s	uicide, or homicide?	***********	Date of injury	y, 1	9
	injury occur?				
Canaifub	ether injury occurred i	(Specity city n INDUSTRY, in	or town, county HOME, or In PU	BLIC PLACE.	
Specify with					
Manner of	injury				

(Address) W. Malus If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar.

V. S. No. 1

-WRITE

2

Z

CAUSE mation TION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To b	e	complete,	an	occupation	return	must	state:
------	---	-----------	----	------------	--------	------	--------

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employer" "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

RECEIVED

In stating the industry or business, avoid the use of such general term at trace," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap ractory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Example I

The principal cause of death and related causes of importance were as follows:

Example I

The principal cause of death and related causes of importance were as follows:

of importance were as follows:		of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RE	. :	Ex
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa
FOR	V SI	state	prope
ED	HIS	pe	pe
SERV	NK-T	plaods	it may
RE	NG	AGE	that
IARGIN	UNFADI	upplied.	terms, so
	, WITH	refully s	in plain
	PLAINLY	ould be ca	F DEATH
	WRITE I	ation she	AUSE O
V. S. No. 1	B.—	m	0
N. N.	ż		

V. S. No. 1

1	PLACE OF	F DEATH					2161		
Village or City Norwaod (If						Registration Dist. No. 217			
					(lf				
2		ME Stillb		VOTS		St., Ward.  If nonresident give city or town an	d State		
	PERSON	AL AND STATIS	TICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. S	Male	4. COLOR OR RACE Black	S. SINC	LE, MARI DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  July 24,  (Month) (Day)	, 193 2 (Year)		
5a.	If married, widow HUSBAND of	ed, or divorced				22. I HEREBY CERTIFY. That I attended	deceased from		
	(or) WIFE of								
6. E	DATE OF BIRTH	month, day, and year)	July.	24,1	932	I last saw h alive on, 19,	; death is said		
7. A		rs Months		Days	If LESS than 1 day,hrs. orOmin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					STILLBORN			
0000	10. Date deceas	SAW MILL, BANK, etc  0. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation				Other Contributory Causes of Importance:			
12.	BIRTHPLACE (ci	ty or town)	ARY-L/	ND -		Other Controllery Causes of Hippottance.			
ER	13. NAME Harry Gough								
FATHER	14. BIRTHPLACE (city or town)  (State or country)  Unknown					Name of operation Date of What test confirmed dlagnosis? Was there an			
15. MAIDEN NAME Chris tine Nina Worsham 16. BIRTHPLACE (city or town) (State or country)  Mar yland.					Worsham	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	T		
17.	INFORMANT					(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC P			
18. BURIAL, CREMATION, OR REMOVAL Cremation Place // Date July 2-4-, 19-3-2						Manner of injury			
	19. UNDERTAKER None (Address)  20. FILED 19					24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed) 7 Wabiles Sewell M.			

10 29 132

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	_1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	10y1,1978	Other contributory causes of importance:	1 year
	8 8		
ADDITIONAL SPACE F	OR FURTH	TR STATEMENTS BY PHYSICIAN	